2001 ANNUAL REPORT
FOR INTEGRATED SERVICES PROJECTS

Prepared by

The Wisconsin Department of Health and Family Services
Bureau of Community Mental Health

for

The Children Come First
Advisory Committee

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Integrated Services Projects 2001 Annual Report

The Wisconsin Department of Health and Family Services, Bureau of Community Mental Health (BCMH) is pleased to submit on behalf of the Children Come First (CCF) Advisory Committee its Integrated Services Projects (ISPs) 2001 Annual Report. This report highlights the accomplishments made and challenges faced by the ISPs for Wisconsin's children with severe emotional disturbance (SED) and their families in 2001.

Background

Wisconsin's Integrated Services Projects began in 1989 with passage of Wisconsin Act 31 and the creation of Sec. 46.56, Wisconsin Statutes. ISPs embody a "wraparound" process, so named because projects "wrap" an individualized, comprehensive, flexible array of services and natural supports around children with SED and their families. The goal is to help these children remain with their families and in their communities by assessing and then building on each child and family's unique strengths and needs. The wraparound process is a "systems" approach, in which multiple service sectors work in an organized, collective way. It is the approach cited in the Surgeon General's 2001 Mental Health Report's Executive Summary[1] as the way to best address the multiple problems associated with children and adolescents with SED.

In Wisconsin, ISPs are used to help respond to an under-diagnosed and under-treated population. It is estimated nationally that 3.75 million children need mental health services and only 20 percent of them receive treatment. In Wisconsin, that estimate results in an assumption that over 18,000 children need mental health services.

- Based on 2001 data, the state's largest wraparound system of care, the nationally acclaimed Wraparound Milwaukee, served 869 court-referred children and their families. The complete 2000 Wraparound Milwaukee Annual Report can be downloaded from this address: http://www.wrapmilw.org/../downloads/annreport.rtf. Wraparound Milwaukee's 2001 Annual Report will soon be available at the same address.
- Children Come First of Dane County, the state's second largest wraparound system of care, served an average of 175 families in 2001. Children Come First and Wraparound Milwaukee are funded with a combination of Medicaid and county administered funds.
- A grouping of six rural counties, known collectively as the Northwoods Alliance for Children and Families, which is funded by a federal demonstration grant from the Center for Mental Health Services (CMHS) and other funds, served an average of 75 children.
- Twenty-six additional counties have ISPs (see Appendix I). Two of these are operated with county administered funds, five are still in the developmental phase, and 19 receive Mental Health Block Grant (MHBG) funding.

In 2001, these ISP counties served 402 formally enrolled children and family teams and an additional 264 "informally" enrolled children and family teams (teams whose data wasn't required to be reported to BCMH). When the number of family members, other than the "identified child", who received support/services is taken into account, 837 additional individuals

[1] Executive Summary of the Surgeon General's 2001 Mental Health Report, page 17

were served. This results in a total of 1,503 children and family members served by the "small" ISPs.

Accomplishments in 2001

- Outreach to children and families needing mental health services increased with the development of new ISPs.
- A one time $60,000 Mental Health Block Grant Systems Change Grant was used for:
  ~ $10,000 grants to Jefferson and Outagamie Counties for further integrated systems of care development. This money provided tailored training and consultation to enhance their current wraparound practices in these counties.
  ~ $10,000 to $20,000 grants to Waushara, Waupaca, Sauk, and Calumet Counties to include more children involved with the child welfare and substance abuse treatment systems.
- BCMH received a Data Infrastructure Grant of $100,000 from CMHS for three consecutive years to combine all public mental health data (ISP, HSRS, etc.) and Medicaid data can be combined, resulting in a single data warehouse capable of producing improved reports for stakeholders.

New Data
2001 marked the first use of the "Wisconsin Integrated Services System Update." (Appendix IV). This Update demonstrated what many Projects have anecdotally related over the years, i.e., many more children and family members are served by ISPs than indicated by "official" enrollment figures, information not captured by previous measurement tools.

Upcoming Challenges

- The ongoing training of new staff due to continuing significant turnover of ISP staff and directorship. Some smaller projects have been temporarily "on hold" while new staff was hired and trained resulting in the decrease of direct services.
- Reducing and streamlining paperwork and developing a single cross-agency plan of care to give agencies more time to work with children and families.

Goals

Goals for 2002 reflect the upcoming challenges:

- Generating and eliciting creative ways to continue a high level of services in the face of reduced funding to counties.
- Facilitating the training of new directors and staff by utilizing the experience of current ISP staff, along with tailored training through BCMH. The same is true for ways to improve family involvement.
- Reducing and streamlining paperwork and developing user-friendly instruments and reports for performance monitoring.
- Generating improved reports from BCMH that help the projects demonstrate their effectiveness and value to their counties and other agencies.
- Improving data collection and reporting for the Family Satisfaction Survey and developing a Provider Survey.
- Given the proven effectiveness of the wraparound process in both provision of services and cost savings, BCMH would like to see this approach to services spread throughout Wisconsin and encompass other service systems, such as alcohol and other drug treatment, protective services, juvenile justice, and substance abuse.
- Develop an expanded system of care that will be sustainable and accepted system wide.
- Utilize ISPs to improve transition services to youth "aging out" of the adolescent system and in need of continued services in the adult system.

Profile of a Consumer

Who is the average ISP consumer? We will call him Joe, because he is likely male (67 percent probability). He is Caucasian (84 percent probability), between 11 and 16 years of age (66 percent likelihood), and has a 37 percent chance of having a primary diagnosis of attention deficit hyperactive disorder. The odds are over 75 percent that his family's income is $25,000 a year or less. He is involved in at least two systems of care (part of the admission criteria for an ISP). Besides mental health services, he could be receiving either special education services, child protective services, or be involved with juvenile justice or social services. There is an 82 percent chance he lives at home, an 18 percent chance he is in a group home, shelter, hospital, residential treatment facility, or correctional facility. To qualify for ISP services, he must be at risk of an out-of-home placement.

Joe is part of a child and family team, which includes his mom, grandmother, the case coordinator, Joe's teacher, and his juvenile justice worker. While Joe is the child in the family with a formal diagnosis of SED, his mother, who is trying to keep a full-time job, is often overwhelmed by the combined demands of her sons. Joe's younger brother Jason is showing symptoms similar to Joe's. The plan for the family includes all family members participating in in-home therapy twice weekly (in-home therapy is the most common service provided by ISPs). Additionally, Joe's case coordinator supports mom seeking and getting a meeting with Jason's teachers, which results in testing for learning disabilities and appropriate referral for special education services. The case coordinator has also found private funding for Joe and Jason to attend camp this summer.

Mom needs an occasional break and the case coordinator helps locate and fund occasional respite. Mom is relieved to find she can safely vent frustration and get support by calling other parents she has met at ISP sponsored events. Mom and Jason are among the formerly unidentified beneficiaries of Joe's ISP services and supports.

"I am a single Mom with two hyper boys. My workers give me a lot of help and suggestions on keeping peace in my home and we all have a sense of security knowing that help is only a phone call away." (Family Satisfaction Survey)

"The Project prevents long-term institutional placement, keeping children at high risk in their homes, schools, and communities."

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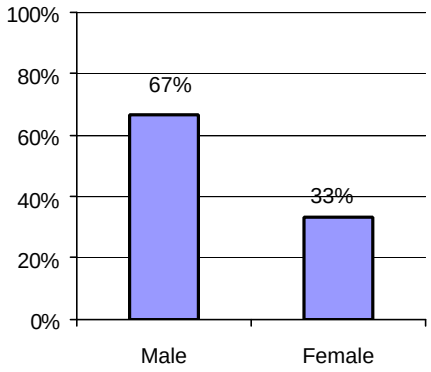
Evaluation and Monitoring

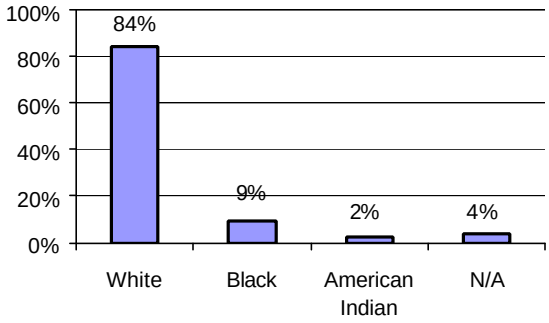
A. Demographics

All demographics data presented in this section are based only on children enrolled in 2001 (N = 129)

1. Gender



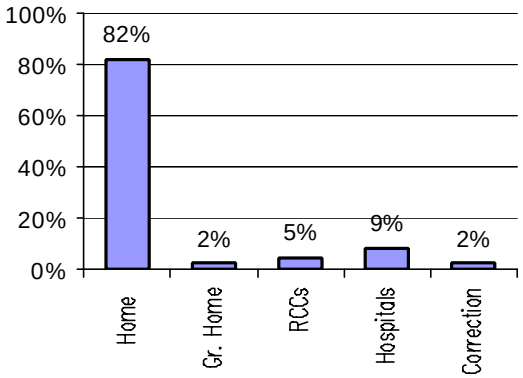
The percentage of girls enrolled in 2001 (33 percent) represented a significant increase. Of the total population (past and current enrollments) of ISP, total number of girls averages about 25 percent.



2. Race

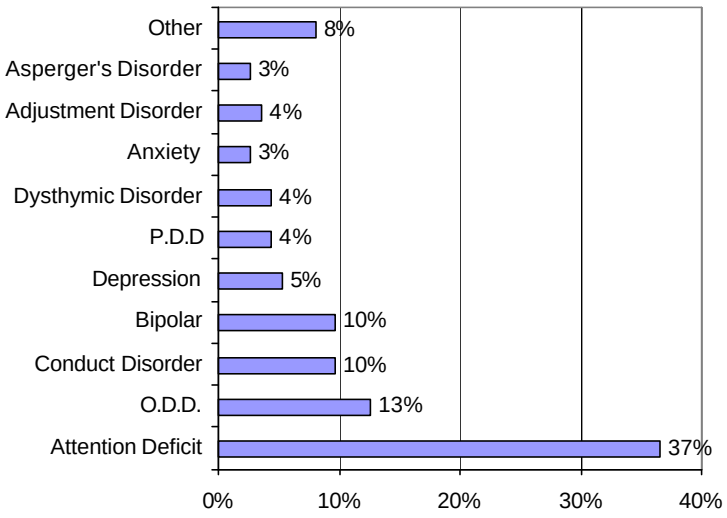
The majority of enrollees were white (84 percent), 9 percent were Black, 2 percent were Native American, and 4 percent were unaccounted for. The number of enrollment for minorities has slightly improved with outreach efforts in Kenosha and Rock counties

3. Living situation at enrollment



Eighty-two percent of children lived at home; 9 percent were in hospitals; 5 percent in Residential Care Centers; and 2 percent respectively in Corrections and Group Homes/Shelters.

4. Diagnosis



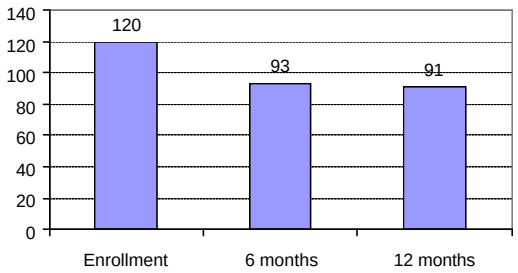
Attention Deficit Disorder (ADD) was the leading primary diagnosis (37 percent). Opposition Defiance Disorder (ODD), Conduct Disorder (CD), and BiPolar also ranked high in types of mental illness that affected enrollees.

B. Outcome Measures

1. Functioning

Level of functioning is measured by the Child and Adolescent Functional Assessment Score (CAFAS) at enrollment and at six month intervals during enrollment. CAFAS assesses child/youth impairment due to emotional, behavioral, mental, or substance abuse problems. The lower the CAFAS scores, the lower the level of assessed impairment (the higher the functioning).

Average CAFAS Scores (N = 47)



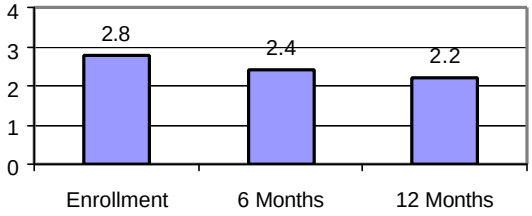
CAFAS scores for a cohort of 47 enrollees show a 24 percent improvement after 12 months in the program. The average CAFAS score, which was 120 at intake, dropped to 93 after six months, and 91 after 12 months. The steady downward trend and relative stabilization in CAFAS improvement is quite common in wraparound programs as significant improvement tends to occur in the first six months and then seems to plateau afterwards.

2. Living Situation

The Restrictiveness of Living Environment Scale (ROLES) is used to assess the level of the restrictiveness of the enrollee's living situation at six-month intervals from enrollment. The lower the ROLES scores, the lower the level of the restrictiveness.
ROLES scores of four is equivalent to a specialized foster care living condition while a zero ROLES scores correspondents to an independent living situation.

ROLES scores indicate a steady improvement in living situation at six-month intervals from enrollment. The improvement was 14 percent for the first six months, and it went up to 21 percent after a year.

Change in Roles Scores
ISP Projects (Aggregate scores) N=47



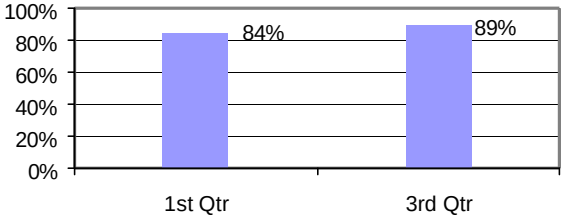
The following are comments made by some parents that reflect the positive impact that ISPs have had in keeping children in communities.

- *The Program prevents long-term institutional placement, keeping children who are at high risk of out-of-home placement in their homes, schools, and communities.*
- *No family has had to pay for in-home services.*
- *Parents use their crisis plan to avoid calling police or other agencies.*
- *Families are less confused by all systems working with the child.*
- *Parents feel supported and an integral part of their child's Plan of Care with hope for the future.*

3. Education

School attendance rates and grades are two key outcomes used for measuring the success and effectiveness of ISPs.

Attendance rate
in elementary and high schools



Attendance rate shows a 6 percent improvement between the first and third quarter. Suspension rate was about 12 percent for most of the year. The majority of the youth in ISPs were receiving special education services within their regular school.

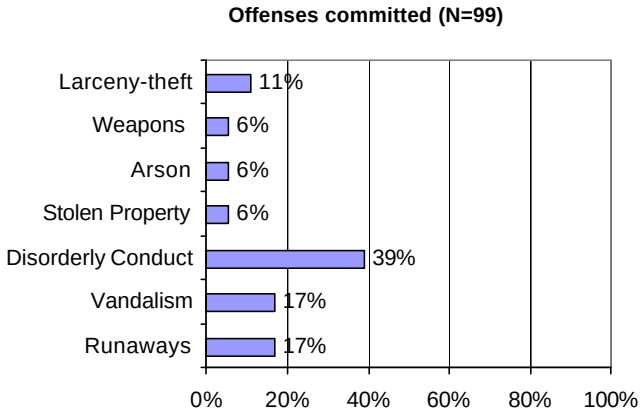
Grade

Aggregate data for grades was hard to determine given the complexity of the grading systems and different types of school settings. However, from the disparate records on grades available, the average appears to be a B- or satisfactory.

Following are comments made by some school administrators and providers regarding ISPs:

- *ISPs foster enhanced communication among schools, human services, and families.*
- *ISPs improve relationships between parents and providers.*
- *One school has added a "Teamship" program, emphasizing partnering with parents.*
- *School utilizes the ISP service coordinator on many occasions, thus avoiding the calls to DHS or police.*
- *ISPs have given schools much better access to the mental health system for families.*

4. Juvenile Justice



Data for juvenile justice came primarily from Kenosha, Rock, Dunn, and Marinette counties and could, to some extent, represent the expected outcome of the rest of the ISPs as they all operate similarly. More inclusive data will be available in future reports.
There was overall a decline of 20 percent in the number of offenses committed following the enrollment of children in the program.
Youth in ISPs are less likely to commit crimes or be involved with Juvenile Justice.

Comments made by representatives of the juvenile justice system on the positive impact of ISPs:

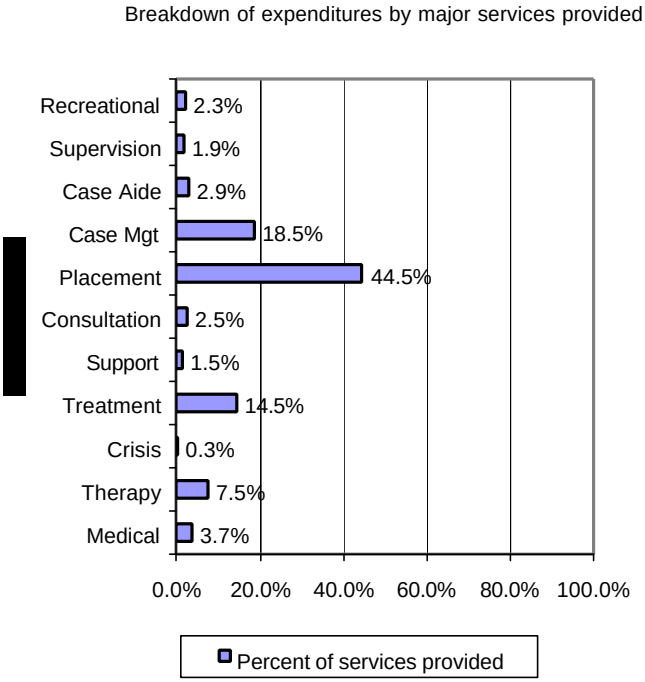
- *In the 1998 the Rock County Juvenile Justice Division was in debt of $1.8 million.. In 1999 and 2000 they saved 1.2 million dollars; in 2001 they saved 3/4 million dollars. It is the only division in the county to save money.*
- *Prior to the availability of the ISP program, police officers from Fond du Lac Counts spent hours - much of the time overtime - assisting youth in crisis. Since referring these children to ISP they have seen a reduction in the number of times they have had to respond to assist these individuals. And when they did have to respond, the response was less invasive, less time consuming, and less costly to the community. ISPs are providing a service invaluable to the community and unavailable anywhere else.*
- *Involvement in ISP has decreased contact with law enforcement in Rock County.*
- *The Juvenile Justice worker in Kenosha county focus on working collaboratively to support families, and avoid more restrictive levels of care whenever possible - always looking to ensure safety. Police were able to avoid arrests in some cases by contacting the service coordinator and by using the crisis/safety plan.*
- *We have reorganized our Youth and Delinquency Unit to create a Case Manager position integrated into the ISP, focusing on youth who need mental health services.*

5. Expenditures

The total average ISP cost in 2001, including education costs, was $1,800 per month per enrollee. This amount represents significant savings for counties when compared to residential care centers (RCCs) and psychiatric hospitals where monthly costs per client may be as much as $7,000 and $16,000, respectively.

Program	Monthly Cost per Client
ISPs	$ 1,800
RCCs	$ 7,000
Pysch. Hospital (Mendota)	$ 16,000
Juvenile Detention	$ 8,000

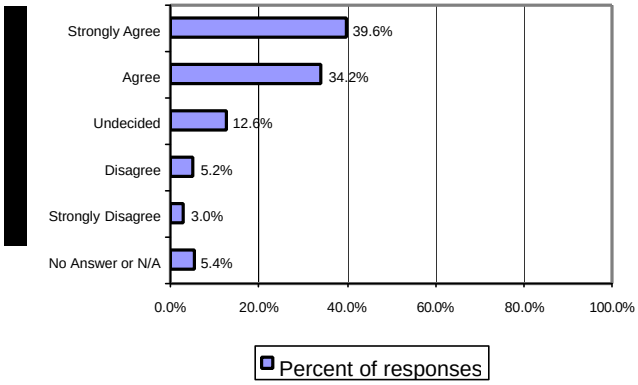
ISP data on costs reflect only formal services provided to children and family teams. It doesn't capture informal services, e.g., child care provided by a relative or mentoring provided by a pastor.



Case management, in-home treatment, therapy, and various placement services account for the biggest portion of total expenditures.

6. Client Satisfaction

Of families who participated in the 2001 Family



Satisfaction Survey, about 73.8 percent were satisfied with the wraparound services their children received and their own role in treatment planning, team participation, etc.
Detailed results of the Family Satisfaction Survey are provided in Appendix II.

7. Eight Key Components

Another survey for tracking systems change and impact of the wraparound process is the self-report 8 Key Components survey that ISPs conduct each year.

The 2001 results of the 8 Key Components survey, used in this circumstance as a self-assessment tool, show that ISPs have improved in the areas of measuring and monitoring functional goals and participant satisfaction, parental involvement, and family advocacy. Staff of ISPs have concerns about transition planning. Overall, the reports were very positive and the majority of indicators were in the 'often" and "always" range. The responses received will guide future trainings and site visits. The results of the 8 Key Components survey are in the Appendix III.

APPENDIX SUMMARY

Appendix I – Map of ISPs, page 12

The map shows the counties that have ISPs in Wisconsin. They include:

- Two managed care programs (CCF- Dane and Wraparound Milwaukee), which are funded with a combination of Medicaid and county administered funds.
- A grouping of six rural counties, known collectively as the Northwoods Alliance for Children and Families, which is funded by a Center for Mental Health Services' grant and other funds.
- Twenty-six additional counties have small integrated services programs. Two of these are operated with county administered funds, five are still in the developmental phase, and 19 receive Mental Health Block Grant (MHBG) funding.

Appendix II – Family Satisfaction Survey, page 14

The Family Satisfaction Survey was presented to families enrolled in the ISPs. The surveys were provided to them via ISP care coordinators and family advocates. Families were surveyed both individually and at social events, such as picnics. The surveys included stamped, self-addressed envelopes for family members to return directly to the Bureau of Community Mental Health (BCMH).

Appendix III – 8 Key Components, page 19

This is a tool used by the ISPs and BCMH clinicians to evaluate an ISP. ISP project directors, family members and state staff developed the tool in 1998. The instrument evaluates performance of ISP on 8 key components. It is a self-report completed by the ISP coordinators.

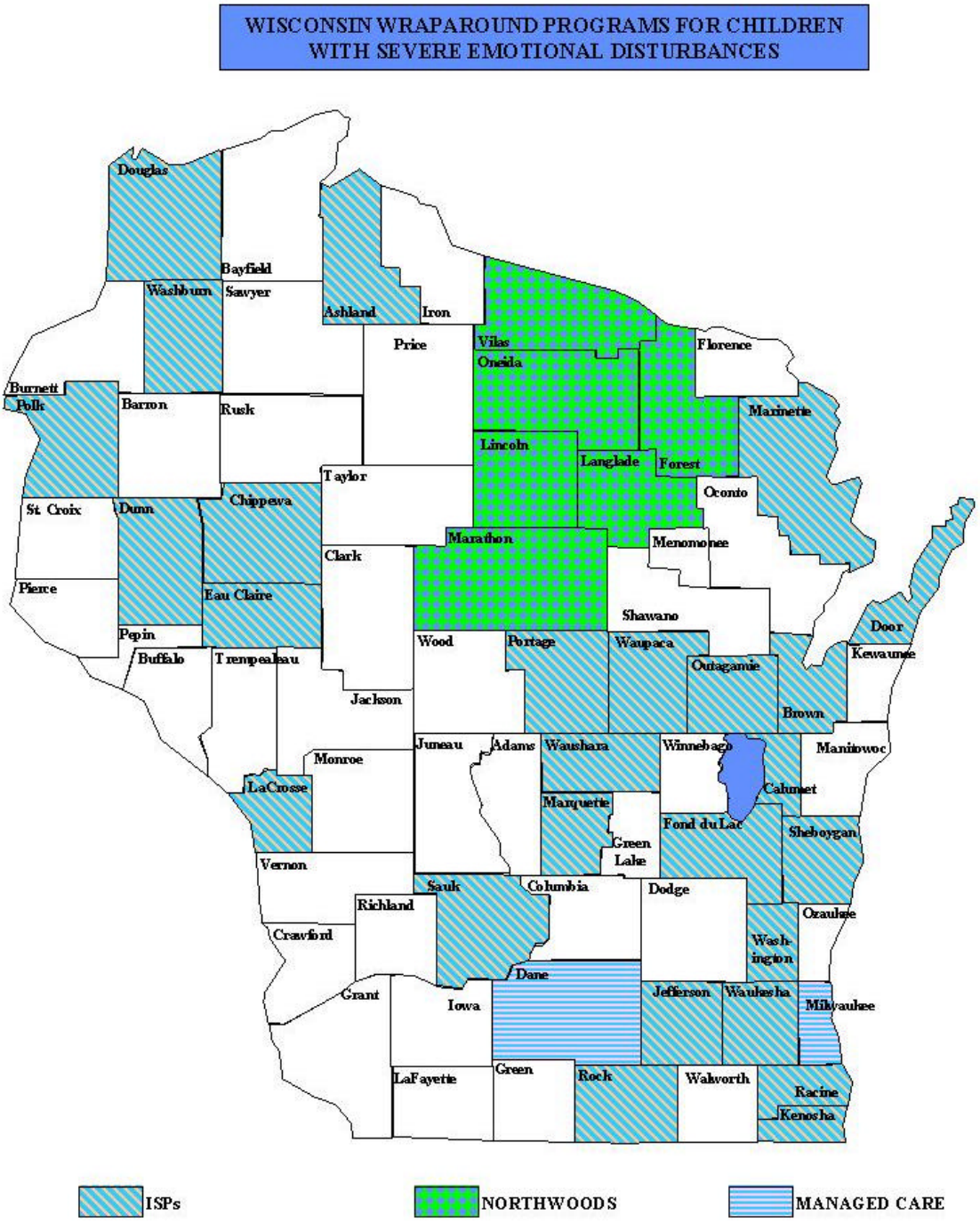
For each key component, there are several indicators that are rated using the following scale: 4(always), 3(often), 2(seldom), or 1(never).

If only one indicator is rated a 2 or 1, the entire component scores in the seldom/never category. Conversely, if only one indicator is rated a 3 or 4, the entire component scores in the always/often category.

Appendix IV – Wisconsin Integrated Services 2001 Update, page 24

Compilation of data gathered from interviews with ISP Coordinators to provide a more complete overview about the impact of ISPs in counties.

APPENDIX I:
MAP OF INTEGRATED SERVICES PROJECTS
FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCES

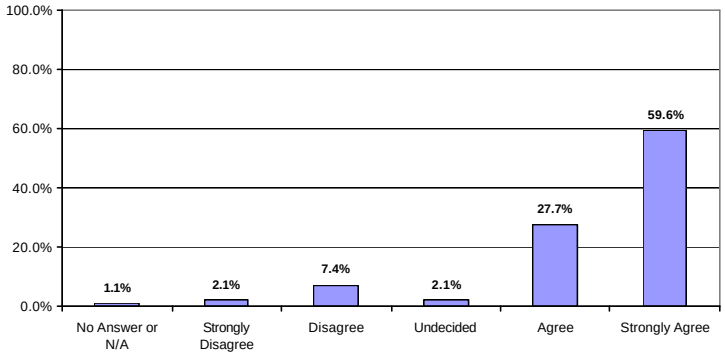


ISPs: twenty-six additional counties with small integrated services programs.
Northwoods: a grouping of six rural counties, which is funded by a CMHS grant and other funds.
Managed Care programs: two managed care programs (CCF- Dane and Wraparound Milwaukee), which are funded with a combination of Medicaid and county administered funds.

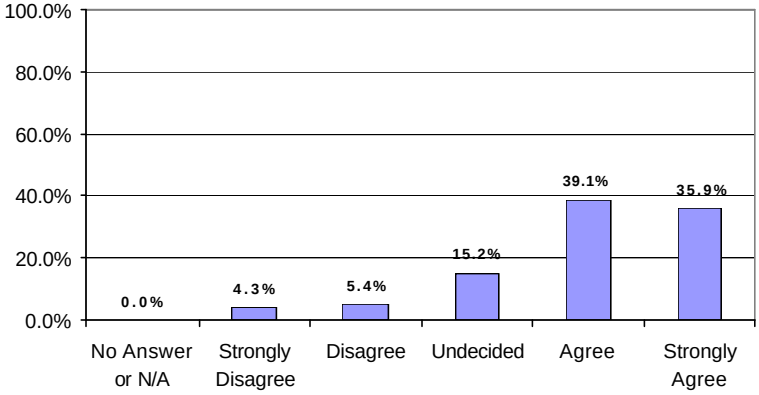
Appendix II:
2001 Family Satisfaction Survey

FAMILY SATISFACTION SURVEY - 2001 PILOT
(N = 92)

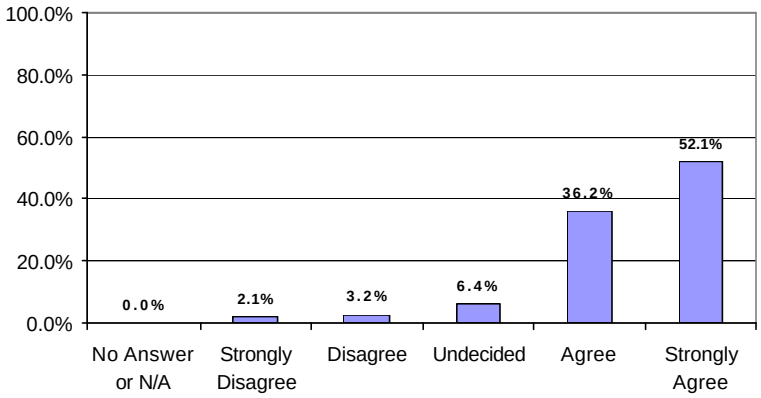
Q. 1: I feel that I am treated as an important member of my child and family Team.



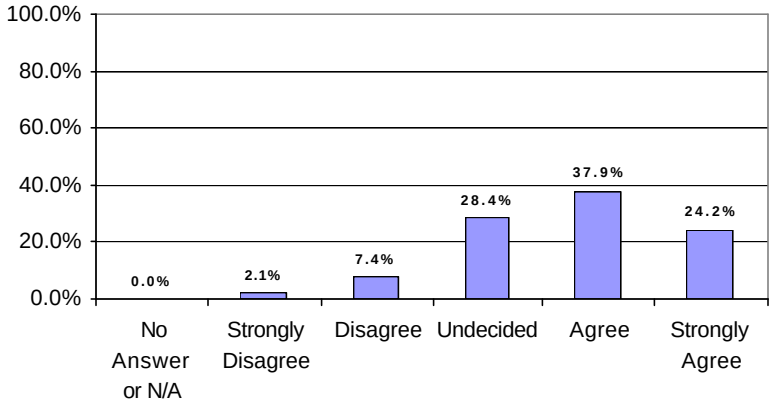
Q. 2: I am satisfied with the goals the Team and I have set for my child and family Team.



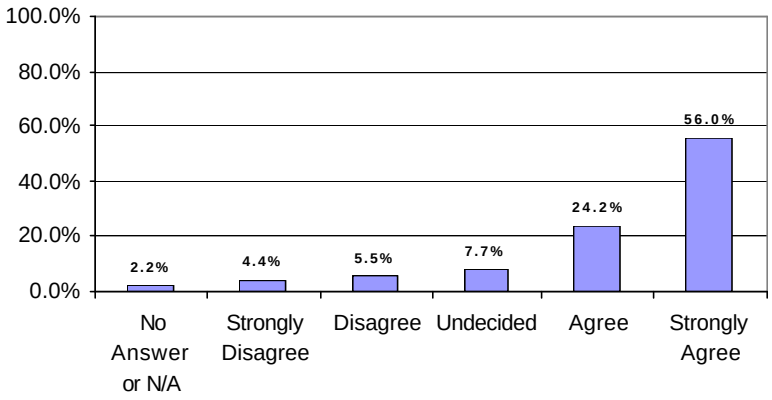
Q.3: The team takes time to listen to my concerns.



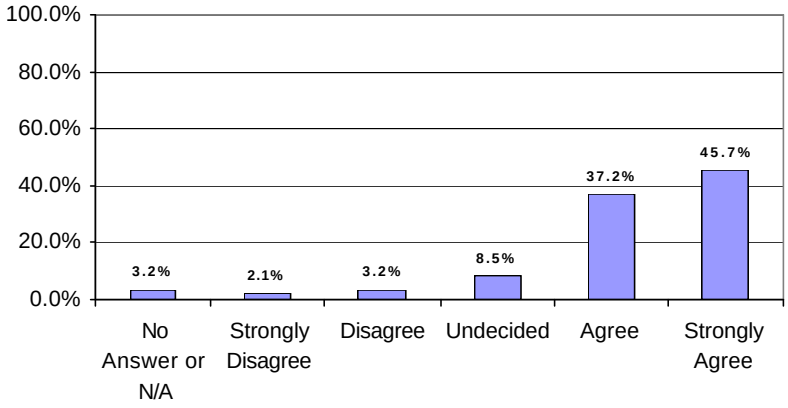
Q. 4: My family is getting better at handling life and its daily challenges.



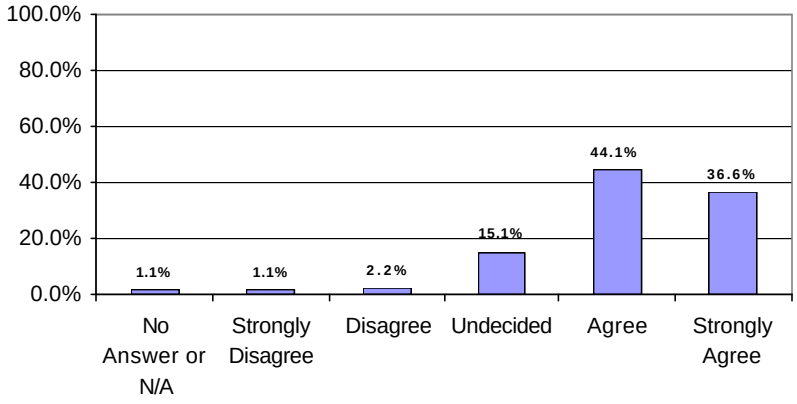
Q. 5: I would refer another family/child to the Integrated Services Project.



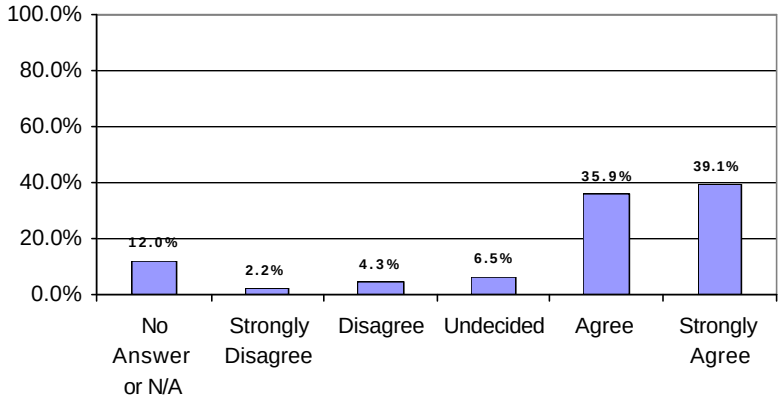
Q.6: My Care Coordinator speaks up for my child and family.



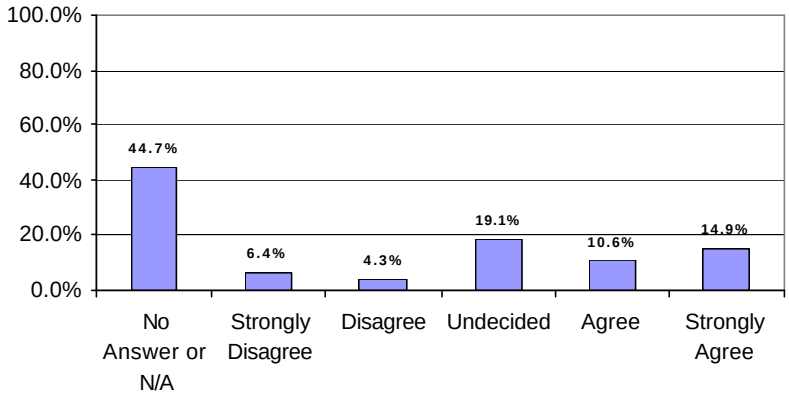
Q. 7: The Team is sensitive to my cultural/ethnic/religious preferences.



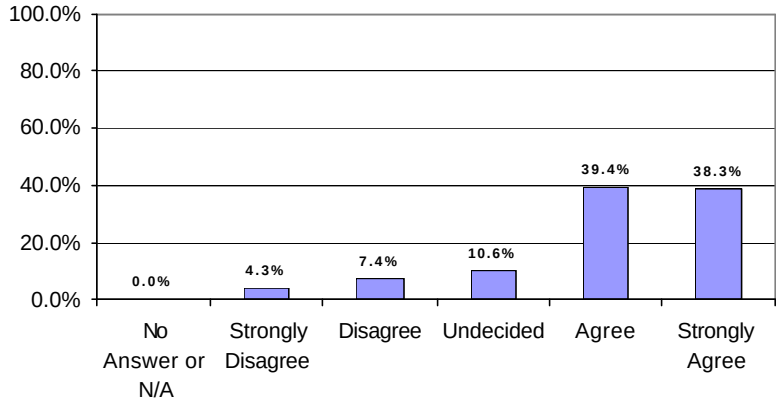
Q. 8: The Team schedules services and meetings at times that are convenient for me and my family.



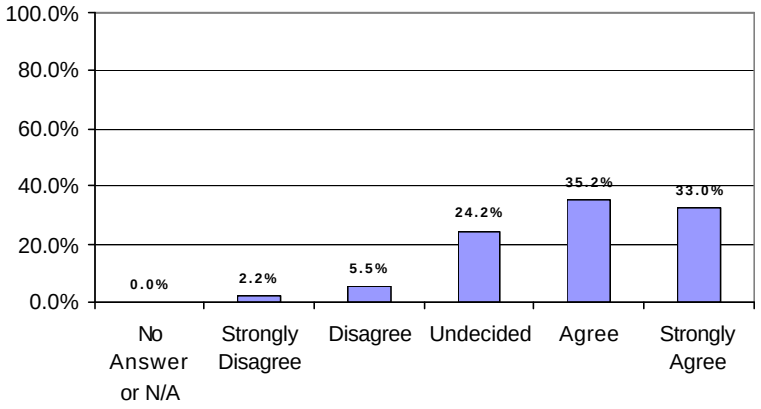
Q.9: If my child is 15 or older, the Team has a plan to insure that my child can get needed services when she/he turns 18.



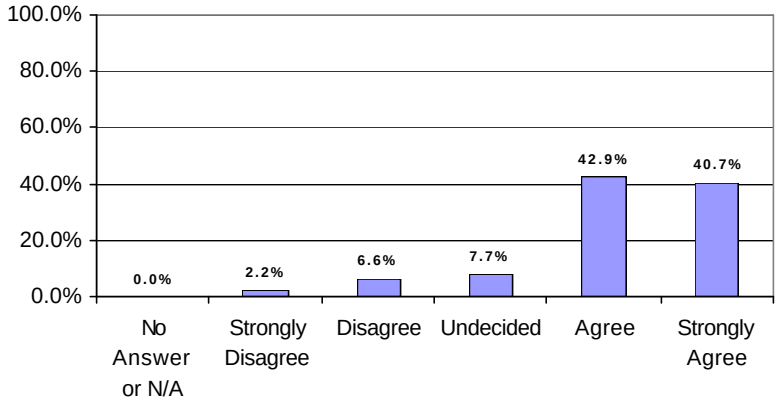
Q. 10: I feel that the Team has a good understanding of my child.



Q. 11 I feel that the Team uses my child's strengths in setting goals and making plans.



Q.12: Overall, I am satisfied with the efforts of the Team on my family's behalf.

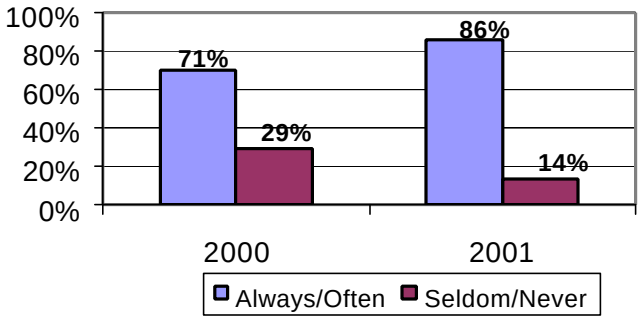


Appendix III:
2001 Self Report: Summary of Eight Key Components

2001 SELF REPORT
SUMMARY OF 8 KEY COMPONENTS

1. Parents are Involved as Full Partner at Every Level of Activity.

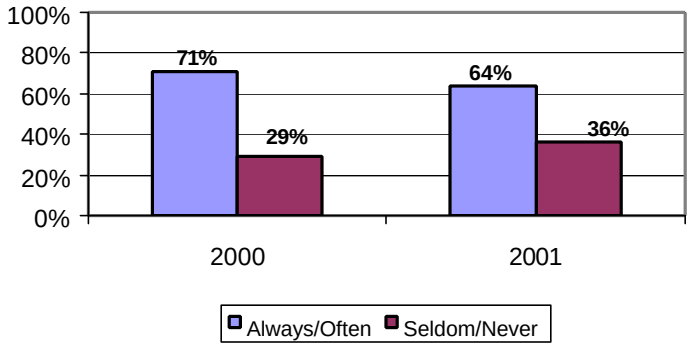
*If only one indicator is rated is rated **3** or **4**, the entire component scores in the **Always/Often** category. Likewise, if only one indicator is rated **1** or **2**, the entire component scores in the



Seldom/Never Category.

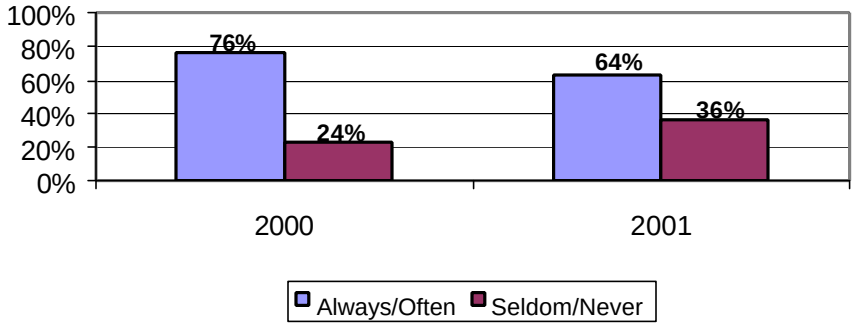
Recommendations from ISPs
1. Roles of committee members are an area that need strengthening.
2. Teams should not meet without a parent present.
3. Focus on expanding parental involvement and participation at coordinating committee.

2. Inclusive Interagency Group (Coordinating Committee) Serving Children and Families Has Agreed Upon the Core Values and Guiding Principles.



Recommendations from ISPs
1. Need to work at expansion of judicial and law enforcement involvement.
2. Interagency agreement to include even more agencies/systems in the county and to have representatives from each on the coordinating committee.
3. Review conflict resolution policy.

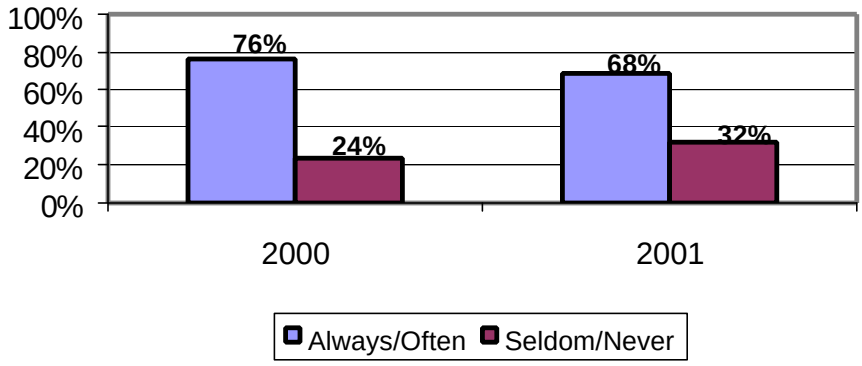
3. Collaborative Family Teams Create and Implement Individualized Support and Service Plans of Care for Families.



Recommendations from ISPs

1. Strengths/needs assessment is done separate from team meeting but results are used in formulating plan of care.
2. Need to increase informal supports on teams.
3. Goals need to better incorporate strengths (4 similar responses).
4. Identify responsible party in each objective of plan, make shorter-term assessment.
5. All team members need to attend plan of care development meeting and sign plan.

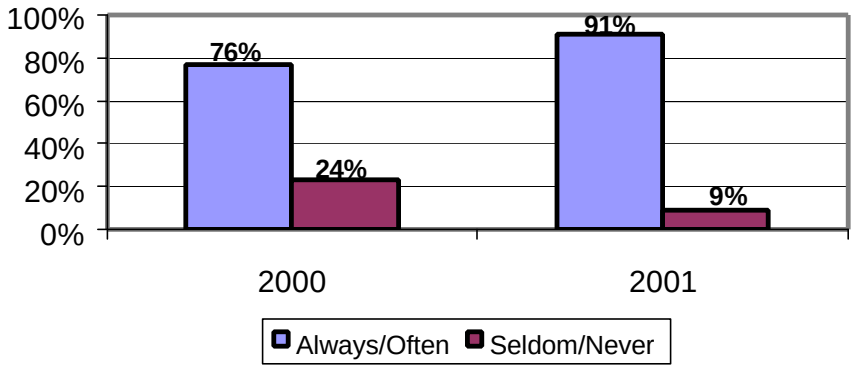
4. Significant Collaborative Funding is Available to Meet the Financial Needs Identified in the Plan of Care.



Selected Recommendations from ISPs

1. Creativity among agencies helps to meet family needs.
2. Continue to emphasize informal supports.

5. Advocacy is Provided for Each Family.

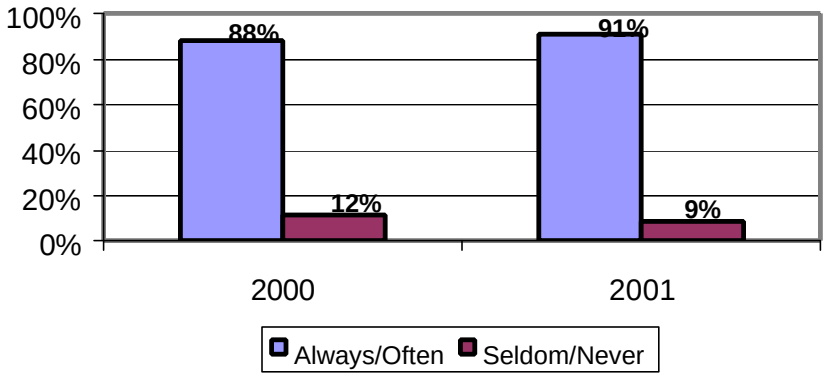


Recommendations from ISPs

1. We need to develop family advocates in the county; we continue to discuss ways to fulfill this need.
2. Recruit parents who were in the ISP to serve as local advocates.

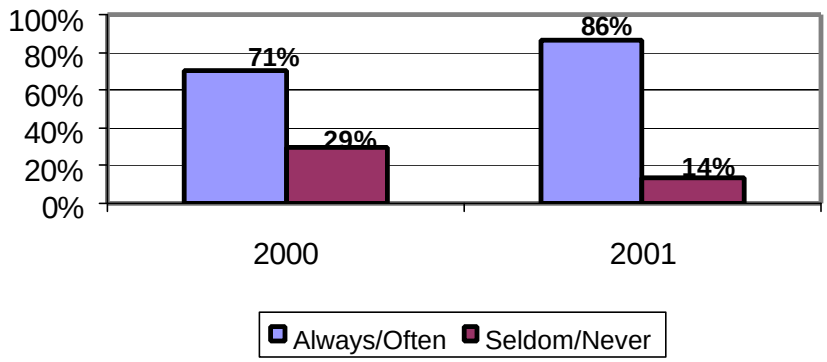
6. Ongoing Training is Provided to All Participants.

Recommendations from ISPs



1. The project coordinator and others attend quarterly meetings and training.
2. Conduct one-to-one orientations.
3. Attend training developed by other ISPs.

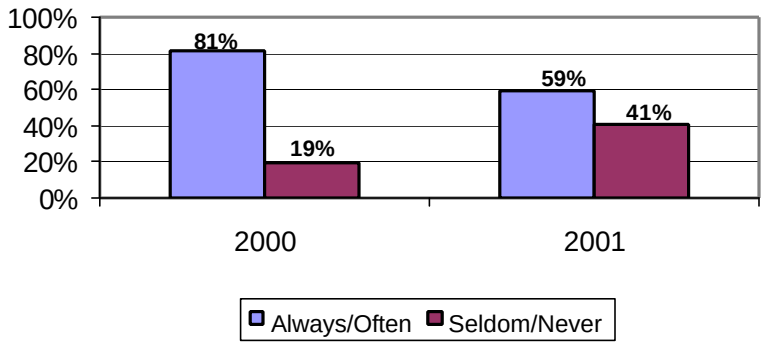
7. Functional Goals are Monitored and Measured, Emphasizing Participant Satisfaction.



Recommendations from ISPs

1. Continued work needs to be done so that the process works smoother and providers see the benefits.
2. Family satisfaction and provider surveys reveal high satisfaction levels.
3. Most children improve, however, we need to monitor why children regress, e.g., Family crisis, medical problems.

8. Adolescents Are Ensured a Planned Transition to Adult Life.



Recommendations from ISPs

1. Good county collaboration: DSS, DCP, law enforcement, and schools.
2. We are stressing with service coordinators to begin early planning for transition by including issues in updated plans of care.
3. Formulate proper identification and transitional planning for youth aged 14 and over.
4. More orientation is needed months before the transition occurs.

Appendix IV:
Wisconsin Integrated Services 2001 Update

Wisconsin Integrated Services
2001 System Update

Following is a compilation of data gathered from the 2001 "Integrated Services System Update". The purpose of this update is to gain an accurate picture of integrated services and to identify benefits that have not been captured by other measurement tools. The State and its contractors conducted interviews with Integrated Service Project (ISP) Coordinators to collect data from the 21 counties with ISP including: Brown, Calumet, Chippewa, Door, Dunn, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marinette, Marquette, Portage, Racine, Rock, Sauk, Sheboygan, Washburn, Washington, Waukesha, Waupaca, and Waushara.

Personnel Structure

Project Coordination:

There are 12 counties whose project coordinator/director(s) are county department employees. Eight counties contract for project coordination services – two with non-profit agencies and six with for-profit agencies. In addition, one county reported having two Project Coordinators with one being a county department employee and the other a contracted employee (for-profit agency).

Of 19 counties, the average Project Coordination time dedication is 0.60 FTE, and is usually the responsibility of one person. The data shows a wide range, from 1 hour/week in one county to 1.2 FTE in another county where the responsibility is shared by two individuals.

Service Coordination:

Service coordinators in 11 counties are county department employees. Six counties contract for service coordination services – two with non-profit agencies and four with for-profit agencies. Four counties report a combination of individuals who provide service coordination including other service providers, parents, county employees who hold other positions, and contract employees.

Of 19 counties, the average service coordination time dedication is 2.22 FTE, and is a responsibility often shared by more than one individual. The time dedication ranged from 0.3 to 6.5 FTE.

Enrollment Information

Formally Enrolled Child/Family ISP Teams *(Teams whose data is reported to BCMH)*

Data from 21 counties
Total = 402
Average = 19.0

No. of Formally Enrolled Teams	Number of Counties
0 – 9	3
10 – 19	10
20 – 29	3
30 – 39	4
40 – 49	1

Informal Child/Family ISP Teams *(Data not reported to State. Teams adhere to key Integrated Services principles.)*

Data from 18 counties
Total = 264 children
Average = 14.7

No. of Informally Enrolled Teams	Number of Counties
0 – 9	9
10 – 19	6
20 – 29	1
30 – 39	1
40+	1

Services to Other Family Members

This data captures the number of family members other than the identified child who receive support/services that they may not have received if the family were not involved in the team process.

Data from 17 counties
Total = 837 family members
Average = 49.2 family members

No. of Family Members	Number of Counties
0 – 9	1
10 – 19	4
20 – 29	2
30 – 39	2
40 – 49	2
50 – 59	1
60 – 69	2
70 – 79	1
80 – 89	1
90+	1

Length of Enrollment for Formal Enrollees

Data from 17 counties
Average length of enrollment = 21.6 months

Number of Months	Number of Counties
12 – 17	4
18 – 23	7
24 - 29	3
30 - 36	3

Enrollment Summary

Number of formally enrolled teams	402
Number of informally enrolled teams	264
Subtotal	666
Additional family members served	837
Total Served	**1503**

Summary of Comments

Below is a summary of comments gathered from the 21 counties in Wisconsin with Integrated Services Project. Counties are: Brown, Calumet, Chippewa, Door, Dunn, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marinette, Marquette, Portage, Racine, Rock, Sauk, Sheboygan, Washburn, Washington, Waukesha, Waupaca, and Waushara.

How has the ISP positively or negatively impacted other parts of the child and family service delivery system in your county?

1. System of Care Expansion

- The ISP's philosophy and design have become integrated with other Human Service services to children and families. The ISP was the driving force in how services are delivered today.
- Our annual in-service training schedule is developed to reflect the principles of best practices as embodied by the ISP.
- ISP staff have become consultants to other department staff around assessment, planning, and intervention.
- Referrals continue to increase (success).
- Expansion of the ISP approach for children in alternative placements.
- Expansion of services to families that would not have had consistent, predictable, coherent service delivery and follow-through.
- The process has brought about energy to become strength-based rather than punitive.

2. Collaboration

- Concerted effort between agencies that is strength-based and family-based. (Six similar responses)
- Service providers work together as a team. As a result, services are more coordinated and efficient (Four similar responses).
- Improved relationships with providers: open communication, better service plans, staff more integrated in the plans.
- Helped bridge gaps regarding knowledge of services and programs.
- Helped create personal relationships among community agencies - builds trust.
- The team response helps families and providers get a variety of view points and answers across a wide variety of concerns.
- ISP has encouraged collaboration that wasn't there previously. It's helped service providers see families differently - to recognize strengths.
- Seeing parent role as "full partners at the table" is becoming a "way of doing business".
- Much more acceptance of home-based, community-based services.
- Further intensified collaborative relationships involving outpatient department clinic mental health staff in consultation with family and children services staff with an eye to developing assessment intervention and crisis response plans with children and families to keep children in their home/community/and out of court.
- Willingness of service providers to step out of their typical roles.
- Agency buy-in from top to bottom - schools included.
- Survey of vendors responded very positively to the CCF program. Provider survey rates 4.26 of 5 on question of whether SED children and families are serviced better through the CCF process than through independent providers.

- Improved relationships between families and school, law, and child welfare systems. Improved relationships with more collaborative teamwork.
- Positive relations developing with school/parents/human services.
- Increased collaboration within our own Human Service department.
- This can make for harder work at times, but clearly is the better practice. This "big picture" thinking has spilled over to other systems and is reflected in work that is being done with non-ISP families. Because parents and children are viewed as equal partners, they are being included in the decision-making.

3. Community-Based/Saving Money

- The Project prevents long-term institutional placement, keeping children who are at high risk in their homes and schools.
- Savings: $1,300/month for children in ISP vs. $7,000+ /month for residential care.
- Savings as a result of keeping children in the community.
- We are the only division in our county to save money, much of this has to do with our ISP and expanded approach. In 1998 the juvenile justice division was in debt $1.8 million. In 1999 and 2000 we saved $1.2 million. In 2001 we saved $ ¾ million.
- No family has had to pay for our in-home services in the ISP. We are able to serve both Medicaid (60 percent) and non-Medicaid (40 percent) eligible families.
- Four children have remained in the community that otherwise would be in long-term residential treatment.
- Having our program to offer will bring these kids home sooner.
- Financially, we have been able to reduce out of home placements on 80-90 percent of cases. We estimate a $300,000 savings in taxpayer levy.

4. Impact on Families

- Parents also used their crisis plans to avoid calling police or other agencies.
- Families are less confused by all systems working with the child.
- Parents feel supported and an integral part of their child's Plan of Care with hope for the future.
- It also recognizes that parents need to be equals – including partners system-wide.
- What we are doing works and families are more cooperative and appreciative.

5. Impact on Juvenile Justice and Child Welfare

- "Prior to the availability of the ISP program officers from our department spent hours, much of them on overtime, assisting youth in crisis. Since referring these children into ISP we have seen a reduction in the number of times we have had to respond to assist these individuals, but when we have had to respond, the response was less invasive, less time consuming, and less costly to the community… They are providing a service invaluable to our community, and unavailable anywhere else."
- RCHSD re-organized its Youth and Delinquency Unit to create a Case Manager position, integrated into the CCF project, that focuses on youth who need mental health services.
- The juvenile justice pilot project, developed around family-centered values, including mental health and children services staff have the appearance of an agency "wrap-around" process, which also targets substance abuse issues in these families.
- Local judges openly valuing the ISP teams implementations of family-centered services and as a "model" for working with families and other service agencies involved with these families. Local school administrators also doing the same thing.

- Involvement in ISP has decreased contact with law enforcement and enhanced communication among schools/Human Services/families.
- The juvenile justice workers focus on working collaboratively to support families, and avoid more restrictive levels of care whenever possible, always looking to ensure safety. Police were able to avoid arrests in some cases by calling the service coordinator or by using the crisis/safety plan.
- The process has linked the juvenile justice system to the therapeutic services in a mutually supportive way.
- Crisis intervention help for law enforcement.

6. Impact on Schools

- Improved relationships between parents and providers (especially schools).
- School added "Teamship" program – emphasizes partnering with parents.
- ISP has positively impacted on some schools and agencies.
- All 30 children enrolled are in their own school. We have had no expulsions.
- School utilizes the service coordinator on many occasions thus avoiding the calls to DHS or police.
- It has given schools much better access to the mental health system for families.
- Schools have become more active and willing partners in planning for children.

7. Partnerships

- Improved relationships with providers:
    - Open communication;
    - Better service plans;
    - Staff more integrated in plan.
- Helped bridge gaps re: knowledge of services and programs.
- Helped create personal relationships among community agencies – builds trust.
- The team response helps families and providers get a variety of view points and answers across a wide variety of concerns.
- ISP has encouraged collaboration that wasn't there previously. It's helped service providers see families differently – to recognize strengths.
- Seeing parent role as "full partners at the table" is becoming a "way of doing business".
- Much more acceptance of home-bases, community-based services.
- Further intensified collaborative relationships involving outpatient department clinic mental health staff in consultation with family and children services staff with an eye to developing assessment intervention and crises response plans with children and families: to keep children in house/community and out of court.
- Service providers work together as a team, as a result services are more coordinated and efficient. (Three similar responses)
- Willingness of service providers to step out of their typical roles.
- Concerted effort that is strength-based and family-based. (Six similar responses)
- Agency buy-in from top to bottom as well as schools.
- Survey of vendors responded very positively to the CCF program. Provider survey rate CCF 4.26 of 5 on question of SED children and families being served better through the CCF process than use of independent providers.
-

- Improved relationships between families and school, law, child welfare systems. Improved systems relationships with more collaborative teamwork.
- Positive relations developing with school/parents/Human Services.

8. Flexible Funds

- Flexible fund line items have been added to the annual budget for all services to children and their families since 1993 to promote strength-based services, family preservation and reunification.
- Private social service agencies are encouraged to include flexible funds as a line item in all proposals to provide contracted services to children and their families.
- Collaborative planning projects across systems encourage including flexible funds. This has changed funding practices in the community – particularly with the United Way of Racine County.

9. Challenges and Concerns

- Sometimes it is unclear as to who should attend team meetings.
- Then entire process is time consuming. (Four similar responses)
- Driving to meetings can take up a big part of your day.
- Goal setting is difficult and if it's not done well in the beginning it will lead to failure.
- Team success is often tied with quality of facilitation.
- Meetings are not always structured enough to be productive.
- CCF families have more access to resources than non-CCF families and that isn't fair to other families served.
- This can make for harder work at times but clearly is the better practice. This "big picture" thinking has spilled over to other systems and is reflected in work that is being done with non-FCF families. Because parents and children are viewed as equal partners, they are being included in decision-making.
- Resources in CCF being pulled from somewhere else; units within the Human Services have lost workers to CCF so their caseloads are heavier.

What recommendations would you make to improve the ISP process?

1. Collaboration/Build Relationships

- Emphasize the importance of community collaboration – continue building relationships with partners at all levels. (Five similar responses)
- Stronger representation in each organization (i.e. agency, school districts, etc.).
- Expanding target group offers a challenge– keep the focus of multiple needs/multiple services.
- Continue to break down barriers that exist among DHS units. Recommendation for an intra-agency meeting 2–4 times/year.

2. Training/Education

- We would like to see more training offerings and training at Project Director's meetings directed at experienced projects. Continual training of service coordinators so facilitation of meetings are structured. (Eight similar responses)
- Develop statewide standards on how projects are set up and run.
- Emphasize and recognize the importance of system change.
- Continue "ripple effect" by education of other service providers…at a minimum, making them aware of family-centered values.
- Continue focus/education on "process" not "program".
- Training on the database and the quarterly reports.

3. Paperwork Reduction

- Simplify/decrease the paperwork as much as possible (lots of improvement has already been made, e.g., the Assessment). (Three similar responses)
- Make evaluation consistent with goals. You have a cumbersome evaluation process that doesn't measure the important changes.
- Make reporting on cost form more consistent with other agencies.
- Drastically reduce paperwork.

4. Team Facilitation

- Require teams to have a county employee as a team member or consultant to answer county related questions and help with resources.
- Encourage teams to schedule two meetings ahead. This would solve the problem of when a meeting gets cancelled and the rescheduled meeting gets chosen without consensus by the team.
- Speed up the distribution of minutes.
- Help teams to better accommodate team members so that teams don't need to decide who's more important at the meeting, the teacher or social worker.
- Help teams to be better informed of their options when an agency is not cooperating.

5. Plans of Care

- Work toward one plan between all the agencies working with a family.
- Insure that care plan more strength-based.
- Insure that family plans are developed by families.

6. Service Coordination

Develop more service coordination resources. (Three similar responses)